Article - Insurance

§15–1213.

(a)   This section does not apply to any insurance enumerated in § 15–1201(i)(3)(i) through (xiii) of this subtitle.

(b)   Each benefit offered in addition to the Standard Plan that increases access to care choices or lowers the cost–sharing arrangement in the Standard Plan is subject to all of the provisions of this subtitle applicable to the Standard Plan, including:

(1)   guaranteed issuance;

(2)   guaranteed renewal; and

(3)   adjusted community rating.

(c)   (1)   Each benefit offered in addition to the Standard Plan that increases the type of services available or the frequency of services is not subject to guaranteed issuance but is subject to all other provisions of this subtitle applicable to the Standard Plan, including:

(i)   guaranteed renewal; and

(ii)   adjusted community rating.

(2)   For each additional benefit offered under this subsection, a carrier shall accept or reject the application of the entire group.

(3)   The Commissioner may prohibit a carrier from offering an additional benefit under this subsection if the Commissioner finds that the additional benefit will be sold in conjunction with the Standard Plan in a manner designed to promote risk selection or underwriting practices otherwise prohibited by this subtitle.

(d)   (1)   A benefit offered in addition to the Standard Plan to lower the cost–sharing arrangement in the Standard Plan in accordance with § 15–301.1 of the Health – General Article is subject to:

(i)   guaranteed issuance;

(ii)   guaranteed renewal; and

(iii)   adjusted community rating.

(2)   A carrier that offers a benefit under this subsection shall be required to guarantee issuance and guarantee renewal of the additional benefit only to employers who are participating in the MCHP private option plan established under § 15–301.1 of the Health – General Article.

(e)   Beginning January 1, 2014, this section applies only to grandfathered health plans as defined in § 1251 of the Affordable Care Act.